



Medical Reserve Corps of North Idaho

Panhandle Health District

8500 North Atlas Road

Hayden, Idaho 83835

Telephone: 208-415-5185

Facsimile: 208-415-5181

<http://www.phd1.idaho.gov/mrc.html>

iaquirre@phd1.idaho.gov

VOLUNTEER SIGN-UP

Please print or type

Name																					
Street Address (Mailing)																					
City			State		Zip																
Home Phone		Work Phone		Cell Phone																	
Email				Employer																	
Type: Medical Professional: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____		Type: <input type="checkbox"/> Non Medical		Requested means of communication: <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to _____ <input type="checkbox"/> Email to above																	
For All Medical Professionals: Please indicate License Number or Certificate/Registration Number			Second Language		Do you have a valid Idaho driver's license? Yes No																
			State License Held		Degree Obtained																
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receives notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receives only notification of training drills and exercises and all emergency events <input type="checkbox"/> EMERGENCY ONLY Receives notification of only major emergency events <i>NOTE: All volunteers are strongly urged to take the orientation training. Additional training is optional.</i>																					
Have you ever been convicted of a felony? Yes No A misdemeanor (other than a traffic violation) Yes No If yes, please explain:																					
A Criminal Background Check may be required of some volunteers: <input type="checkbox"/> YES, I agree that a background check may be performed. Birthdate ____/____/____ Other Names _____ <input type="checkbox"/> NO, I do not wish to have a background check performed (Refusal of a background check does not automatically eliminate you from consideration for volunteer service.)																					
Location Preference for Responding <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Coeur d'Alene</td> <td style="border:1px solid black; width:40px; height:40px;"></td> <td style="text-align:center;">Bonners Ferry</td> <td style="border:1px solid black; width:40px; height:40px;"></td> <td style="text-align:center;">Plummer</td> <td style="border:1px solid black; width:40px; height:40px;"></td> <td style="text-align:center;">Priest River</td> <td style="border:1px solid black; width:40px; height:40px;"></td> </tr> <tr> <td style="text-align:center;">Post Falls</td> <td style="border:1px solid black; width:40px; height:40px;"></td> <td style="text-align:center;">Kellogg</td> <td style="border:1px solid black; width:40px; height:40px;"></td> <td style="text-align:center;">St. Maries</td> <td style="border:1px solid black; width:40px; height:40px;"></td> <td style="text-align:center;">Sandpoint</td> <td style="border:1px solid black; width:40px; height:40px;"></td> </tr> </table>						Coeur d'Alene		Bonners Ferry		Plummer		Priest River		Post Falls		Kellogg		St. Maries		Sandpoint	
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Post Falls		Kellogg		St. Maries		Sandpoint															
Signature					Date																

Privacy Act Statement

This information is requested by Panhandle Health District for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law.

Please email to: jaguirre@phd1.idaho.gov

Fax: 208-415-5181

Or mail to: MRC of North Idaho

8500 North Atlas Rd.

Hayden ID 83835